



Local Government Investment Pool

Ron G. Crane
Idaho State Treasurer
Idaho State Treasurer's Office

NEW AGENCY APPLICATION

This form must be printed, filled out and mailed to the address below.

Please use this application if you are **NOT** currently a participating agency with the LGIP. This information is approved by this public agency's governing board (and must be signed by a member of the board, other than the contact person listed below), for the purpose of establishing a fund with the State Treasurer's Office, specifically the Local Government Investment Pool. The signed application authorizes the LGIP to invest funds of this agency pursuant to Idaho Codes 67-1210 and 67-1210A. Participation in the pool will remain in effect until the account opened by this applicant carries a zero balance. Authorization shall be indicated by an original signature on the bottom of this form. We acknowledge we have read the LGIP Investment Statement of Understanding and LGIP Investment Policy and agree to the terms and conditions stated therein, and any subsequent changes thereto. A copy of any changes to the Statement of Understanding and Investment Policy will be provided to this agency upon request. **This fund cannot be set-up without an initial deposit to activate it.**

AMOUNT OF INITIAL DEPOSIT: \$_____ by ACH Contribution from designated bank below

AGENCY NAME:_____

MAILING ADDRESS:_____

CITY, STATE:_____ ZIP:_____

CONTACT NAME:_____

PHONE:_____ FAX :_____

E-MAIL ADDRESS:_____

DESIGNATED BANK NAME:_____ CITY:_____ STATE:_____

ABA TRANSIT/ROUTING NUMBER:_____ ACCOUNT NUMBER:_____

BANK PHONE NUMBER:_____ BANK FAX NUMBER:_____

The signature below, **by an authorized member of this agency's governing board**, will hereby authorize the State Treasurer to initiate **debit and credit** entries, upon the agency's request, to and from this account in the depository financial institution named above. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of the U.S. law. Applicant will include a roster of current authorized board members, on its own letterhead, with this application, and will be responsible for providing the STO any future updates to this information as they occur.

This authorization is to remain in full force and effect until the State Treasurer receives notification from us of its termination in such time and in such manner as to afford the State Treasurer and depository a reasonable opportunity to act on it.

NAME of Board Member:_____

TITLE of Board Member:_____

SIGNATURE of Board Member
(authorized to act on behalf of above named agency)

DATE